



Monthly Group Insurance Commission (GIC) Effective July 1, 2008
Full Cost Rates Including 0.75% Administrative Fee

Employee/Non-Medicare Retiree Health Plans

HEALTH PLAN	PLAN TYPE	INDIVIDUAL	FAMILY
Fallon Community Health Plan Direct Care	HMO	\$397.47	\$953.91
Fallon Community Health Plan Select Care	HMO	471.68	1,132.03
Harvard Pilgrim Independence Plan	PPO	513.54	1,242.54
Health New England	HMO	427.06	1,058.70
Navigator by Tufts Health Plan	PPO	486.23	1,173.51
NHP Care (<i>Neighborhood Health Plan</i>)	HMO	421.74	1,117.61
UniCare State Indemnity Plan/Basic with CIC (<i>Comprehensive</i>)	Indemnity	753.25	1,758.57
UniCare State Indemnity Plan/Basic without CIC (<i>Non-Comprehensive</i>)	Indemnity	718.51	1,677.98
UniCare State Indemnity Plan/Community Choice	PPO-type	410.94	986.24
UniCare State Indemnity Plan/PLUS	PPO-type	521.79	1,245.24

Medicare Plans

Health Plan	PLAN TYPE	PER PERSON
Fallon Senior Plan [*]	Medicare (<i>HMO</i>)	\$199.85
Harvard Pilgrim Medicare Enhance	Medicare (<i>Indemnity</i>)	355.94
Health New England MedPlus	Medicare (<i>HMO</i>)	357.40
Tufts Health Plan Medicare Complement	Medicare (<i>HMO</i>)	325.19
Tufts Health Plan Medicare Preferred [*]	Medicare (<i>HMO</i>)	168.25
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (<i>Comprehensive</i>)	Medicare (<i>Indemnity</i>)	355.22
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (<i>Non-Comprehensive</i>)	Medicare (<i>Indemnity</i>)	344.65

^{*}Rates are subject to federal approval and may change January 1, 2009.

